

The All Sports Clinic

At Butler Elementary School April 21 - 24, 2015 9:00 am - 4:00 pm Grades: K - 6



Cost: \$180 (payable to NE Elite Sports Clinics, Inc.)
Or \$45 per day

Featuring multiple sports in a relaxed, fun atmosphere, including Floor Hockey, Soccer, Wiffleball, Basketball, Arena Football and Dodgeball!



Name ___ Address:









Date of Birth

Registration Form

Town:	
Parent Phon	eEmail
Emergency	Person/Phone Number:
	Release Form and Policies
the condition the site owner with the site owner with the site owner will the site owner will the site owners attempt will the site owners.	rticipant has my permission to participate in the All Sports Clinic. I understand and accept hat neither the Town of Belmont, NE Elite Sports Clinics, Inc. It's directors nor coaches owill assume responsibility for medical and dental expenses incurred as a result of participate. I also confirm that the participant has personal medical insurance coverage and that arred while at the clinic is my responsibility. In case of an emergency, I understand that even the made to contact the person listed. If contact is unsuccessful, I give permission to the antending medical personnel to render medical treatment to the participant.
Insurance C	Company & Policy #:
	please make checks payable to NE Elite Sports Clinics, Inc.
	Return to: Belmont Recreation DeptPO Box 56, Belmont, Ma 02478

Please check what days you will be attending:

All 4 days_____Tuesday_____Wednesday____Thursday____Friday____